

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875) </div> <div style="text-align: center;"> <b>SERIAL NO.</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">101585661</div> </div> <div style="text-align: center;"> <b>FILING DATE</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">7-7-2006</div> </div> </div>													
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: 30px; text-align: center;">7</div> <div> <b>APPLICANT(S)</b>  </div> </div>													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL DEP.	10	←	01	←		←			←		←		←
TOTAL CLAIMS	11		11										